**Proposed Addition to:**

**Attachment D, Service Definitions**
**Clinical Coverage Policy #8A, Enhanced Mental Health Services**

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# NORTH CAROLINA DIVISION OF MH/DD/SAS SERVICE STANDARDS

# Therapeutic Foster Care (TFC)

## Service Definition and Required Components

Therapeutic Foster Care (TFC) provides services and supports for children with a principal diagnosis of mental illness or serious emotional and behavioral disorders or substance-related disorders, and who may also have co-occurring disorders including developmental disabilities. TFC provides a structured, supervised environment with a therapeutic foster care family. This therapeutic foster care family facilitates and strengthens the development of skill acquisition and use of strategies and supports that address therapeutic treatment, prevention, recovery, and behavior change consistent with age and development for each child served. TFC services are necessary to assist the child in improving and maintaining functioning across life domains. Skill acquisition in this setting will promote permanency placement for the child with their parents, relatives, a guardianship arrangement, an adoptive placement with the Therapeutic Foster Care family or another adoptive family, or an independent living arrangement. Permanency placement as an outcome will be included and addressed in the Person Centered Plan (PCP) and coordinated with the local department of social services Family Services Agreement, if applicable. The PCP will identify a range of services and supports for families and other individuals, who have a vested role in the outcomes of the child**.** This service is available for children to age 18 or if eligible for Medicaid to age 21and to age 19 for Health Choice.

Services and supports provided by the therapeutic foster care family include on-going structured supervision of strategies for the development of appropriate behavior for consumers placed in the home. These strategies include clear and consistent communication, limit setting within the structure of daily living, and opportunity for peer interaction. This service is built on the therapeutic foster care family promoting trust by engaging the child/adolescent and affirming each child's sense of self and emotions in relation to self and others. The therapeutic foster care family's level of engagement is identified in the PCP and coordinated with the local department of social services Family Services Agreement, if applicable. Services are intended to increase the child's/adolescent's knowledge and ability to relate to self and others to function adequately within the family setting, the community, and the schools. Services identify and strengthen each child's resources for healthy developmental growth across life domains as the child/adolescent moves towards independent living. TFC services are strength-based, support developmentally and functionally appropriate positive behavioral interventions, and work to sustain and improve resiliency factors in the child/adolescent. Services and supports promote mental health and skill acquisition for recovery and behavior change. Strategies may include positive role modeling in all social contexts, problem solving, anger management, recovery and behavior change, communication, etc. Reinforcement of skill acquisition and enhancement occurs in the home, community, school, vocationally, and in other natural environments.

The child/adolescent with complex needs, who may require specialized interventions such as those defined as developmentally and functionally appropriate for challenging sexual behaviors, a co-occurring disorder, trauma disorders and/or juvenile justice involvement, may require additional services to remain in the family, school and community. These services would allow the therapeutic foster care family to promote stability and at the same time address the child's/adolescent's changing daily needs in addition to more intensive intervention needs when indicated.

Specialized services and supports as indicated will be identified in the PCP. To promote stability of this community based family service, medically necessary brief interventions may be provided during periods of high stress or crisis, which without such services may result in disruption, regression or a high level of restrictive care. Such services include community support and other outpatient behavioral health services as determined to medically necessary. The Child Placing Agency must ensure with the therapeutic foster care family the provision of the "first responder" crisis response in accordance with the Person Centered Plan. A crisis plan will be developed as a part of the PCP.

A service order for TFC must be completed by a physician, licensed psychologist, physician's assistant or nurse practitioner according to their scope of practice prior to or within 72 hours from the time that the services are to be provided.

## Provider Requirements

TFC services are provided in a family environment with one or two individuals serving as therapeutic foster care parent(s). Therapeutic foster care parent(s) must have full knowledge and understanding of the intensity of needs of each child/adolescent, including permanency outcomes. Potential outcome options include permanency with their parents, relatives, a guardianship arrangement, an adoptive placement with the therapeutic foster care family, another adoptive family or an independent living arrangement.

TFC services must be delivered by a child placing agency licensed by the N.C. Division of Social Services as established in GS 131-D, 10A NCAC 70E, 10A NCAC 70F, and 10A NCAC 70G. The licensed child placing agency (LCPA) must demonstrate that they meet these standards, be endorsed by the Local Management Entity (LME) and be directly enrolled by Medicaid. Within three years of enrollment as a provider, the organization must have achieved national accreditation. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina.

## Staffing Requirements

This service model includes one to two adult caregivers serving as the therapeutic foster care family. The therapeutic foster care parent(s) will have full knowledge and participation in achievement of permanency outcomes prior to service provision. The therapeutic foster care parent(s) will develop and/or expand on the knowledge, skills, and abilities required by each child/adolescent served according to age and developmental functioning. The service model requires that the therapeutic foster care parent(s) will participate in the PCP and will reinforce and guide implementation.

A minimum of 40 hours of pre-service training is required of individuals providing TFC. The pre-service training includes 30 hours of training as specified in GS 131-D, 10A NCAC 70E, 10A NCAC 70F, and 10A NCAC 70G and 10 hours of training that address topics related to behavioral mental health and substance related disorder treatment services. Therapeutic foster care parent(s) shall receive child-

specific training as required in the PCP as a condition of the child being placed in the foster home. Prior to licensure renewal, each therapeutic foster care parent shall successfully complete at least 20 hours of in-service training. Child placing agencies shall provide 10 hours of in-service training annually. This training may be child-specific or may concern issues relevant to the general population of children in foster care.

Therapeutic foster care parent(s) are not required to be awake during sleep time and may be available while the child/adolescent is involved in educational, vocational, and social activities, but are present during times when the child's/adolescent's needs are the most significant and when the child/adolescent is not involved in another structured activity. The therapeutic foster care parent(s) will make every reasonable effort to be available at all times telephonically.

**Sex Offender Specific Service Provision when increased supportive therapeutic interventions by the TFC parent(s) need to be implemented:** In addition to the requirements listed above, when the child/adolescent requires treatment for a trauma disorder related to a sexual or physical abuse history, specific treatment will be identified in their PCP. Special training of the therapeutic foster care parent(s) is required in these situations and the therapeutic foster care parent is supervised by a qualified professional with trauma disorder and sex offender-specific treatment expertise. Supervision will be structured and provided according to the defined treatment needs of each child/adolescent.

**Substance Related Disorder Specific Service Provision when increased supportive therapeutic interventions by the TFC parent(s) need to be implemented:** Supervision will be provided for the therapeutic foster care parent(s) by a provider who meets the requirements specified for a qualified professional (QP) or an associate professional (AP) status for substance abuse according to 10A NCAC 27G core rules. Supervision will be outlined and provided according to the defined treatment needs of each child/adolescent.

The LCPA will provide this professional expertise to the therapeutic foster care family.

## Service Type/Setting

TFC services are provided in a family environment with one or two adult caregivers serving as therapeutic foster care parent(s). TFC providers must follow the minimum requirements in GS 131-D, 10A NCAC 70E, 10A NCAC 70F, and 10A NCAC 70G. TFC services must be delivered by a child placing agency licensed by the N.C. Division of Social Services as established in GS 131-D, 10A NCAC 70E, 10A NCAC 70F, and 10A NCAC 70G. The LCPA must demonstrate that they meet these standards, be endorsed by the LME, and be directly enrolled by Medicaid. Within three years of enrollment as a provider, the organization must have achieved national accreditation. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina.

The therapeutic foster care family provides direct and indirect continuous services of reinforcing and supporting positive behavioral interventions on behalf of the child/adolescent. This service is mainly provided in the home but in order to meet the outcomes specified in the PCP it requires the therapeutic foster care family to coordinate with the school and other community resources, including but not limited to the medical and behavioral health care providers, dental health care providers, and vocational services.

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## Program Requirements

The therapeutic foster care family qualifications as outlined in G.S. 131-D, 10A NCAC 70E.0402 include the following:

(b) Not more than four children shall reside in any therapeutic foster home at any one time. Not more than two therapeutic foster children shall reside in a TFC home at any one time. The four children shall include the foster parent's own children, children placed for therapeutic foster care and family foster care or any other children. Therapeutic foster parents shall not provide in-home day care or baby sitting services in the therapeutic foster home for other children.

(c) With prior approval from the Licensing Authority an exception to these standards may be made:

(1) For Family Foster Care if the out of home family services agreement for each sibling specifies that siblings will be placed together and the foster home complies with 70E.0402 (c) (3) (4) (5).

(2) For Therapeutic Foster Care if the person centered plan or family services agreement for each sibling specifies that siblings will be placed together and the foster home complies with 70E.0402 (c)(3)(4)(5). For Therapeutic Foster Care more than two therapeutic foster care children may be placed in a Therapeutic Foster Home if the Person Centered Plan of each child indicates that the therapeutic and safety needs of each therapeutic foster child will be met and the foster home complies with 70E.0402 (c)(3)(4)(5).

(3) If written documentation is included in the family services agreement or person centered plan for each child regarding the foster parents' skill, stamina and ability to care for the children and written documentation is submitted to the Licensing Authority.

(4) If written documentation is submitted to the Licensing Authority that the TFC home meets the fire and building safety standards of the North Carolina State Building Code applicable for the number of children in the home. The North Carolina State Building Code is hereby incorporated by reference including subsequent amendments and additions. The North Carolina State Building Code may be accessed at (www.ncdoi.com).

(5) If written documentation is submitted to the Licensing Authority indicating compliance with 10A NCAC 70L .0102.

(d) Members of the household 18 years old and over and not receiving therapeutic foster care services are not included in capacity, but there shall be physical accommodations in the home to provide them room and board.

Matching the child/adolescent with the therapeutic foster care family will occur through transition brief visits or overnight visits to assure compatibility between the child/adolescent, the therapeutic foster care family and the home and community environment. The number of overnight visits and day visits will be specified in the PCP, coordinated with the local department of social services Family Services Agreement and be appropriate to the transition needs of the child/adolescent and the therapeutic foster care family**.** Prior to child placement, the placement match is evaluated by the child/adolescent and the Child and Family Team for compatibility. Compatibility criteria will include consideration of the cultural diversity and gender specific needs of the child/adolescent, and be identified in the PCP and coordinated with the local department of social services Family Services Agreement. In addition, in the event that an emergency placement is indicated, authorization must be obtained within 72 hours from the time that the services are to be provided.

As necessary, transition planning will occur in preparation of the child/adolescent returning to their parents, guardians or with the therapeutic foster care family/potential adoptive family or to independent living. This plan will be an outcome stated in the initial PCP, with interventions that support the process.

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## Utilization Management

Authorization by the statewide vendor or the LME is required prior to the delivery of services unless as indicated for emergency services. The amount, frequency, and duration of the service must be included in the PCP. Initial authorization for services may not exceed thirty (30) days. Reauthorization will occur within a maximum of sixty (60) days thereafter and is so documented in the PCP and service record.

**Units/cost for services to be determined.**

## Entrance Criteria

A recipient is eligible for this service when:

A. There is an Axis I or II diagnosis present, other than a sole diagnosis of developmental disability.

**AND**

B. Treatment in a less intensive service (e.g., community support) was attempted or evaluated during the assessment but was found to be inappropriate or not effective.

**AND**

C. The youth and/or guardian/family have insufficient or severely limited resources or skills necessary to cope with the level of behavioral or substance abuse intervention needs.

**AND**

D. The youth and/or family issues are unmanageable in school based or behavioral program settings and require intensive coordinated clinical and positive behavioral interventions in a therapeutic foster care family setting.

**AND**

E. The child/adolescent is at risk of an intensive restrictive level of treatment or parents/guardians are unable to meet the child's/adolescent's developmental positive behavioral intervention needs.

## Continued Stay Criteria

The desired outcome or level of functioning has not been restored, improved or sustained over the time frame outlined in the youth's PCP or the youth continues to be at risk for an intensive restrictive level of treatment services:

A. Recipient has achieved initial PCP goals and additional goals are indicated.

**AND**

B. Recipient is making satisfactory progress toward meeting goals.

**OR**

C. Recipient is making some progress, but the PCP (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's pre-morbid level of functioning, are possible or can be achieved.

**OR**

D. Recipient is not making progress; the PCP must be modified to identify more effective interventions.

**OR**

E. Recipient is regressing; the PCP must be modified to identify more effective interventions.

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## Discharge Criteria

Service recipient's level of functioning has improved with respect to the goals outlined in the PCP any of the following apply:

A. Recipient has achieved goals; discharge to a lower level of care is indicated.
B. The youth and guardians/families/caregivers have skills and resources needed to step down to a less intensive service.
C. There is a significant reduction in the youth's problem behavior and/or increase in pro-social behaviors and functioning.
D. The youth's or guardian/parent requests discharge (and is not imminently dangerous to self or others).
E. An adequate continuing care plan has been established.

**OR**

F. The youth requires a higher level of care (i.e., inpatient hospitalization or PRTF).

**Note:** Any denial, reduction, suspension or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.

## Documentation Requirements

The minimum documentation standard includes a daily contact log with a description of staff's interventions and activities directly related to the PCP including:

A. identified needs;
B. strengths, preferences or choices;
C. specific goals, services, and interventions;

**AND**

D. frequency of the service, which assists in restoring, improving or maintaining the recipient's level of functioning.
E. Documentation of critical events, significant events or changes in status in the course of treatment shall be evidenced in the recipient's medical record, as appropriate, and must be signed by the therapeutic foster care parent.
F. Documentation includes the specific goals of sex offender treatment as supported and carried out through the therapeutic milieu and interventions outlined in the service plan, and must be signed by the therapeutic foster care parent.

## Expected Outcomes

The individuals and their guardian/family will achieve the ability to function adequately, crisis needs have been resolved, linkage has been made with needed community service/resources, youth has gained life skills, parenting skills have been increased, and the need for an intensive restrictive treatment has been reduced/eliminated.

Life domain outcomes achieved include but are not limited to: strengthening the child's/adolescent relationship with their parents, guardians or relatives, achieving permanency either through guardianship or adoption with the therapeutic foster care family or another adoptive family, productive community and school/work integration, and positive adult and peer relationships.

For children/adolescents with substance-use related disorders, the expected outcomes, in addition to the outcomes listed above, are abstinence from the use of alcohol or illicit substances or reduced frequency of use of tobacco, alcohol, and other illicit substances; increased social supports (as measured by increased participation in positive community/leisure activities); increased social connectedness (as measured by increased participation in recovery-related support or self-help groups, and/or increased contacts with a sponsor); increased active, stable relationship(s) with positive role model(s); and increased support of family and/or friends in treatment and recovery efforts.

## Service Limitations

A child/adolescent can receive TFC services from only one LCPA at a time. This service cannot be billed with any residential or inpatient psychiatric or substance abuse services. To promote stability of this community based family service, medically necessary brief interventions may be provided during periods of high stress or crisis without which such services may result in disruption, regression or a high level of restrictive care. It may be billed on the same day as intensive services such as intensive in-home services, MST, SAIOP, and mobile crisis service. These services as identified in the PCP will provide the therapies and skill building necessary for the child/adolescent to remain in the therapeutic foster care family and maintain stability within the community system of care.

Community support (CS) can be billed in accordance with the PCP for individuals who are receiving TFC services for the purposes of: facilitating transition to the TFC service, coordination with the child/adolescent and their family and the therapeutic foster care family during the provision of service and discharge planning.

Educational skills usually taught in primary or secondary school settings (e.g., math, reading, writing, etc.) are not reimbursable. Such skills and educational advancement should be coordinated with and provided by the local education agency (LEA).

This service shall not duplicate any IV-E services.

**Note:** For recipients under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.